



# ALABAMA MEDICAID AGENCY

## PREFERRED DRUG LIST

As a result of legislation passed by the Alabama State Legislature in June 2003, the Alabama Medicaid Agency implemented a mandatory Preferred Drug List, effective October 1, 2003. Brand preferred drugs, generics (some exceptions apply) and over-the-counter (OTC) drugs covered by Medicaid are available without prior approval. If a non-preferred drug is ordered, the practitioner will need to obtain prior authorization (PA). If approval is given to dispense the non-preferred drug, an authorization number will be provided. Antipsychotic and HIV/AIDS drugs are exempt from this requirement.

Below is an alphabetical listing of brand preferred products on the PDL. The drug name denotes all dosage forms and strengths unless noted. An asterisk (\*) denotes a generic is available in at least one dosage form or strength. All covered OTC drugs and generic products (unless otherwise specified) are considered preferred. For a more complete list including non-preferred brands and more information concerning the PDL, please visit our website at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov).

Actos*	Dulera	Pradaxa
Advair Diskus*	Elidel	Premarin (tabs only)
Advair HFA	Eliquis	Prempro
Aimovig <sup>CC</sup>	Enbrel <sup>CC</sup>	ProAir HFA*
Anoro Ellipta	Entresto	Pulmicort Flexhaler
Aricept*	Epclusa <sup>CC*</sup>	Qvar Redihaler
Asmanex HFA	Eucrisa <sup>CC</sup>	Rebif
Asmanex Twisthaler	Farxiga	Relenza <sup>†</sup>
Atrovent HFA	Flovent Diskus	Ritalin*
Aubagio	Flovent HFA	Serevent Diskus
Bepreve	Focalin XR*	Spiriva
Besivance	Gilenya	Stiolto Respimat
Betaseron	Harvoni <sup>CC*</sup>	Striverdi Respimat
Bethkis	Hemangeol <sup>CC</sup>	Sublocade <sup>CC</sup>
Bevespi	Humira <sup>CC</sup>	Suboxone <sup>CC*</sup>
Blephamide	Humalog Mix	Symbicort*
Brilinta	Incruse Ellipta	Tamiflu <sup>†*</sup>
Byetta	Invokamet	Toviaz
Bystolic	Invokana	Tradjenta
Catapres-TTS*	Janumet	Tudorza
Capex Shampoo	Janumet XR	Tysabri
Cimzia <sup>CC</sup>	Januvia	Victoza
Cipro HC	Jardiance	Vyvanse (capsules and chewable tablets)
Ciprodex*	Jentadueto	Xarelto
Citranatal 90 DHA	Kitabis*	Xifaxan
Citranatal Asssure	Kombiglyze XR	Xofluza <sup>†</sup>
Citranatal B-Calm	Lantus	Xopenex HFA*
Citranatal Bloom	Levemir	Zepatier <sup>CC</sup>
Citranatal DHA	Mavyret <sup>CC</sup>	Zetonna
Citranatal Harmony	Nitro-Bid	Zomacton <sup>CC</sup>
Citranatal Rx	Nitrostat	Zovirax (cream only)
Colcrys*	Novolog	Zubsolv <sup>CC</sup>
Combivent	Novolog Mix 70-30	Zylet
Concerta*	Omnaris	
Copaxone*	Omnitrope <sup>CC</sup>	
Coumadin*	Onglyza	
Diastat*	Oxytrol	
Diastat Acudial*	Pazeo	

<sup>†</sup>The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC. Effective 10/01/2020  
<sup>CC</sup> Denotes agent is preferred with clinical criteria in place.